DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration **PROJECT OVERVIEW FORM**	**FOR HRSA USE ONLY**	
	Grant Number	**Application Tracking Number**

Health Center Program Operational Grant Number

Provide your H80 grant number (Example H80CS12345) _____
You must provide your current H80 grant number to complete the application.

Project Work Plan

- Service categories represent the school-based services you are proposing to expand through your SBSE application. Click on "Add" to select your service categories and describe activities to fully outline your project work plan to increase the number of patients served at school-based service sites.
- The project work plan should include activities over the 2-year period of performance.

- Select as many service categories, activity categories, and activity subcategories as necessary to fully outline your project work plan for proposed service expansion-related activities.
- You must select mental health services as a service category if you do not already provide mental health services directly or by contract at each school-based service site included in the application.
- If you are proposing new school-based service site(s), ensure that the Project Work Plan outlines activities that demonstrates each proposed new site will be open and operational within 120 days of award.
- You can only describe one activity at a time, so you may need to select a service category, activity category, and/or activity subcategory multiple times to fully describe all planned activities in that area.

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Service Category		
o General primary medical care o Mental health o Substance use disorder o Oral health o Vision o Enabling		

Activity Category	**Activity Subcategory**	**Activity Description**
o Access to Services	o Provision of new or expanded services	
	o Identifying and addressing access barriers	
	o Enhancing telehealth infrastructure and integration where necessary to ensure access to and/or optimize patient-centered care for school-based patients	
	o Adding new sites(s) (permanent or seasonal)	
	o Adding mobile unit(s)	
	o Executing minor alteration/renovation (A/R)	
	o Other: Please specify (Up to 300 characters with spaces)	
o Quality, Patient Care, and Safety	o Clinical effectiveness and quality improvement	
	o Continuity of care, including referral arrangements and follow-up	
	o Patient and provider safety	
	o Implement strategies to identify and address disparities and inequities in care delivery and health outcomes	
	o Other: Please specify (Up to 300 characters with spaces)	
o Workforce	o Recruitment, hiring, onboarding, retention, well-being, and engagement of personnel (direct hire and/or contracted)	
	o Training and professional development	
	o Integrating multidisciplinary teams	
	o Other: Please specify (Up to 300 characters with spaces)	

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Activity Category	**Activity Subcategory**	**Activity Description**	
o Patient Experience and Health-Related Social Needs	o Establishing new/strengthening existing partnerships and referrals to address health-related social needs		
	o Engaging with students and families		
	o Patient-centered care coordination		
	o Systematically collecting and analyzing data on social risk factors that impact health outcomes and inform case management		
	o Other: Please specify (Up to 300 characters with spaces)		
o Other: Please specify (Up to 100 characters with spaces)	o Other: Please specify (Up to 300 characters with spaces)		

Patient Impact		
• Note that students who only receive screening services or mass treatments such as vaccinations or fluoride treatments at a school do not count as school-based service site patients in UDS.		
Enter the number of patients served across all of your school-based service sites in calendar year 2022 (consistent with your 2022 UDS-reported data)	Enter the estimated number of patients to be served across all of your school-based service sites in calendar year 2024, inclusive of current school-based patients estimated to receive school-based services in 2024 and estimated new school-based patients in 2024	Estimated increase
		will auto calculate in EHBs

Health Center Program Scope of Project	
• Evaluate your current scope of project in light of your proposed project and indicate if your scope requires changes. Note that you must provide mental health services at each school-based service site described in this application. • New service delivery sites may be added through Form 5B: Service Sites in this application. You must add a service delivery site located at a school if you do not currently operate school-based service site(s) where you will implement your proposed SBSS project.	
Review your current approved Form 5A: Services Provided. Will a Scope Adjustment or Change in Scope request be necessary to ensure that all proposed services, including mental health services, are on your Form 5A? Note: If your current Form 5A has mental health services listed in Column III only, select Yes and describe your plan to provide mental health services at school-based service sites.	**Select One Option**
My health center's proposed activities will require a Scope Adjustment or Change in Scope request to modify Form 5A.	Yes ☐ No ☐
Describe proposed changes to your Form 5A: Services Provided, and provide a timeline for requesting the necessary modifications. (Up to 500 characters with spaces)	
Text:	
Will a Scope Adjustment be necessary to ensure that all proposed activities are included on your Form 5C: Other Activities/Locations?	**Select One Option**
My health center's proposed activities will require a Scope Adjustment to modify Form 5C.	Yes ☐ No ☐
Describe proposed changes to your Form 5C: Other Activities/Locations, and provide a timeline for requesting the necessary modifications. (Up to 500 characters with spaces)	
Text:	
Each school-based service site included in your application must provide mental health services.	
[_] By checking this box, I certify that mental health services are provided directly or by contract at all existing school-based service sites described in my application. [_] By checking this box, I certify this application proposes to add mental health services (provided directly or by contract) at each new school-based service site and/or each existing school-based service site proposed in my application that does not currently provide mental health services.	